

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/655644</u>	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
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TOTAL IND.	4		4		4			4		4		4	
TOTAL DEP.	12		5		9			12		5		9	
TOTAL CLAIMS	16		9		13			16		9		13	